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**Innovation Number: 83** 

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Innovation:

Consolidated Overseas/Sea/Suitability Screening Center for San Diego Region

Date Submitted: 10/29/2004 **Date Project** Initiated:

10/29/2004

Background:

Suitability Screenings were done at seven sites throughout the San Diego area under the auspices of Naval Medical Center San Diego. Included Miramar MCAS, NTC, MCRD, 32nd Street Naval Station, NASNI, NMCSD, El Centro along with additional Screenings done by various civilian physicians, flight surgeons and ship GMO's. Resulting in 1) multiple screeners with varying degrees of training and knowledge regarding instruction- therefore variable outcomes. 2)inconsistent communication between PSD, screeners, commands and transferring/gaining medical facilities. 3)Huge monetary cost: FY 2003 \$3.3 million per year for Marine Corps, \$5.6 mil for Navy to return enlisted dependents families to CONUS. Does not include backfill costs. At least 6 families from NMCSD returned previous 9 months due to improper screening. 4) Unnecessary administrative separation of active duty members when found unsuitable, and no alternative recommendations made by screener. 5) Unhappy Customers, 3 formal complaints lodged, many more informal complaints lodged. Frustration with multiple appointments 3-4 to complete screen and unclear instructions for patients, appointment vs walk-in, being sent back and forth between clinics.

Methods:

Pilot started April 2005, that created a centralized Suitability Screening Center for Naval Medical Center San Diego which included screening for all outlying San Diego commands (Hospital staff and El Centro were the only groups not included). Located at Naval Training Center (NTC). All commands were briefed and given checklist with instructions. Website created for members to download forms www.nmcsd.med.navy.mil Goals were 1) reduce early returns from overseas due to inadequate medical screening process by having small well trained staff who are subject matter experts, resulting in decreased cost to government and families. 2)Improve customer satisfaction by streamlining process, decreasing needed medical visits from 3-4 to 1-2. 3) Increase accountability and communication with between screening site and all outlying commands/PSD's.

Results:

Consistent Screening Process for San Diego area. Medical visits decreased by 66% (from 3 to 1). Time away from work decreased by 50% (2 hours to 1 hour) No service member or family returned due to inadequate screening in first seven months of pilot. Cooperation with commands. The center goes to ships or commands to do mass screenings, decreasing time lost from work. Increased flexibility (5-10 walk-in screens per day) Consistent POC for PSD and commands for difficult cases. Positive feedback from remote, operational, overseas and ship commands with the increased communication and input they have in screening process. Decreased manpower, office space and equipment needed. NO patient complaints. Center completes 400-550 screenings per month and 20-80 physical exams. Stable staff of trained corpsmen and providers. Handle all needs including PAP and 5 year physical if needed, with out sending patient away to schedule separately.

**Conclusions:** 

Centralizing the suitability screening process in large metropolitan areas with a large number of active duty personnel and families is a way to decrease inadequate screenings, results in improved customer satisfaction for the active duty members, dependents and commands by streamlining the process. It ensures increased readiness of our deployed and overseas population by thoroughly

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screening out members who are at high risk for return. It is a large monetary savings to the Navy and USMC.

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